



APPLICATION FOR SPECIALIZED TRAINING
TENNESSEE LAW ENFORCEMENT TRAINING ACADEMY
3025 LEBANON ROAD
NASHVILLE, TN 37214-2217

Name _____ Social Security No. _____
(First) (Middle) (Last)

Mailing Address _____

Home Telephone _____ Age _____ Date of Birth _____

Height _____ Weight _____ Race _____ Sex _____

Notify in Emergency _____
Name Relationship Telephone

Do you smoke? Yes _____ No _____

SPECIALIZED SCHOOL REQUESTED:

Give Name of School Requested _____

Date of School Requested _____

If above school is filled, give alternate school and date _____

EMPLOYMENT HISTORY:

Name of Present Employer _____

Are you presently employed as a full-time commissioned law enforcement officer? Yes _____ No _____

Date of full-time commission by present employer. _____

*(A copy of commission card, or employee ID card if not commissioned, must be attached.)

Title/Rank of your present Position: _____

Briefly describe your major duties and responsibilities with your employing agency _____

Total Years of Law Enforcement experience _____

Are you presently a POST certified officer? Yes _____ No _____

If you have prior law enforcement experience (before the above employment date) give name of law enforcement agency and date(s).

What was your occupation prior to entering law enforcement? _____

EDUCATIONAL BACKGROUND

Are you a high school graduate? Yes _____ No _____

If no, do you have a GED Certificate? Yes _____ No _____

List schools attended after high school (College, Trade, etc.) and give dates and degrees

List below Specialized Law Enforcement Schools you have attended:

School	Date and Location
_____	_____
_____	_____
_____	_____
_____	_____

If there are additional schools, attach a list.

Date Basic Law Enforcement Training completed _____

I certify that the information given in this application is correct and complete to the best of my knowledge, and if I am approved, I will abide by the rules and regulations of the Academy.

Date

Signature of Applicant

THE FOLLOWING IS TO BE COMPLETED BY THE APPLICANT'S EMPLOYMENT AGENCY HEAD

I certify that the above information is correct and the applicant is a full-time law enforcement officer employed by my department and hereby approve the applicant to attend requested school:

Signature _____
(Agency Head)

Title _____

Department _____

Mailing Address _____

City/State _____ Zip Code _____

Phone # _____ Fax # _____

e-mail _____

Today's Date _____